



Iowa Department of Human Services

Child Development Home Complaint

Name of Provider Vera Young	County polk	
Care Address 1704 washington st	City Dsm	Zip Code 50314
Mailing Address same	City same	Zip Code same
Phone 284/7415	Email	

Date of Complaint: December 12, 2014

Date of Visit: December 17, 2014

- ☐ Scheduled ☒ Unannounced ☐ N/A
☐ Non-Compliance with Regulations Found ☐ Compliance with Regulations Found
☐ N/A

RECOMMENDATION FOR REGISTRATION:

- ☒ NO CHANGES to registration status recommended
☐ REVOCATION of Registration

CATEGORY OF CARE:

- ☒ Category A
☐ Category B
☐ Category C (with no co-provider)
☐ Category C (with co-provider)

Summary of Complaint:

over numbers

Rule Basis and Findings of Complaints:

237A.1(8)"A"

Resolution and Action Required:

The provider was made aware of DHS guidelines, and agreed to comply.

Consultant's Signature Terry Petersen	Date December 30, 2014
Supervisor's Signature C. Mark Chappelle	Date 12/31/2014